

3052

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) 6 mo.
 X TOWN Princess Anne
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Kingston X
 STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Enoch

Olden

Barnes

4. DATE OF DEATH:

(Month)

(Day)

(Year)

March 28,

19 55

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

Male

White

Widowed

Aug. 3, 1878

76

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

Self Employed

11. BIRTHPLACE (State or foreign country):

Kingston, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Parker Barnes

14. MOTHER'S MAIDEN NAME:

Marcella Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

212-16-1976

17. INFORMANT & ADDRESS:

Mrs. H. L. Griffin - Route 1 - Princess Anne,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause

(a)

DUE TO

Antecedent causes(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Coronary Thrombosis

Hypertensive Cardiovascular Disease

Uremia

Interval Between Onset And Death

5 hrs.

3 years

2 weeks.

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Acute Urinary Retention

6 weeks.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14, 1955, to Mar 28, 1955, that I last saw the deceased

alive on Mar 26, 1955, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3/28/55

A. S. Johnson M.D.

Bracklaw & Sons - 531 Main St. - Annapolis, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3083

1955

BUREAU V. S.

MAR 30 1955

RECEIVED

3053

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Md.	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) Pocomoke	LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) Pocomoke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD		STREET ADDRESS (If rural give location) RFD	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
OLIVER PITTMAN CAREY		OF DEATH: 3 15 19 55	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov 15, 1896
		9. AGE last birthday 58 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Retired Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: J. Lee Carey		14. MOTHER'S MAIDEN NAME: Martha Ellen Townsend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mrs. Louise M. Carey, Pocomoke, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE		(A) Cerebral Hemorrhage	
ANTECEDENT CAUSE (S)		DUE TO Cerebral Atherosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		(C) Myocardial Infarction	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 24, 1951, to Mar. 13, 1955 that I last saw the deceased alive on Mar. 13, 1955, and that death occurred at M, from the causes and on the date stated above.			
SIGNATURE David E. Brown		M. D. Salesbury Md. Mar. 17, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3/18/55	
NAME OF CEMETERY OR CREMATORY Baptist Cemetery		LOCATION (City, town, or county) Pocomoke, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/14/55		24. FUNERAL DIRECTOR ADDRESS	
REGISTRAR'S SIGNATURE Mrs. Orville Bowman		Henry H. Watson, Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 28 1955

BUREAU V. S.

3046 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) Crisfield LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) 810 W. Main St.

3. NAME OF DECEASED:

(First)

JOHN

(Middle)

WILLIAM

(Last)

CARMAN

4. DATE OF DEATH:

(Month)

March

(Day)

3

(Year)

19 55

5. SEX:

male

6. COLOR OR RACE:

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH:

May 1, 1891

9. AGE last birthday:

63 yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired

waterman

10b. KIND OF BUSINESS OR INDUSTRY:

for himself

11. BIRTHPLACE (State or foreign country):

Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

James Carman

14. MOTHER'S MAIDEN NAME:

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

yes

(If Yes, give war or dates of service)

WWI

16. SOCIAL SECURITY No.:

220-09-1293

17. INFORMANT & ADDRESS: Richardson Ave. Charles L. Carman—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause

(a)

Coronary Thrombosis

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

6 hrs.

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from 1950, to March 3, 1955, that I last saw the deceased alive on March 3, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

burial

DATE THEREOF

March 5, 1955

NAME OF CEMETERY OR CREMATORY

American Legion Cemetery

LOCATION (City, town, or county)

Crisfield, Md.

(State)

DATE REC'D BY LOCAL REGISTRAR

3-5-55

REGISTRAR'S SIGNATURE

Betty W. Tyler

24. FUNERAL DIRECTOR

Bradshaw & Sons—Crisfield, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 7 1955

RECEIVED

3047

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) 39 TOWN Crisfield	LENGTH OF STAY (in this place) 25 years	CITY (If outside corporate limits, write RURAL OR and give nearest town) 39 TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 157 S. 4th St.		STREET ADDRESS (If rural give location) 157 S. 4th St.	
3. NAME OF DECEASED: (First) CHARLOTTE (Middle) PERINTHA (Last) DOUGLAS		4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 55	
5. SEX: female	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: November 4, 1907
		9. AGE last birthday: 47 yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: laborer		10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry	11. BIRTHPLACE (State or foreign country): Chester, Penna.
13. FATHER'S NAME: Walter Brown		14. MOTHER'S MAIDEN NAME: Della Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: 213-10-7270	17. INFORMANT & ADDRESS: Lincoln Douglas--157 S. 4th St.-Crisfield, Md.

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause (a) Coronary occlusion		15 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?
22. I hereby certify that I attended the deceased from Mar 13, 1955, to Mar 13, 1955, that I last saw the deceased alive on Mar 13, 1955, and that death occurred at 7:30 PM, from the causes and on the date stated above.		
SIGNATURE C. Rawley M.D.		DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (Specify) burial	DATE THEREOF March 18, 1955	NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) Crisfield, Md.		(State)
DATE REC'D BY LOCAL REGISTRAR 3/18/55	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw & Sons-531 Main St.-Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 21 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03034
3048 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
39 TOWN Crisfield		30 years		39 TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00 50 Chesapeake Ave.				50 Chesapeake Ave.			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) ELLA		(Middle) BOND		(Last) EVANS		(Month) (Day) (Year)	
(Type or Print)						March 29 19 55	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
female		white		married		March 5, 1887	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
housewife		Domestic		Holland's Island, Md.		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
McKinley Walters				Amanda Pruitt			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
no				—		50 Chesapeake Ave. William L. Evans-- Crisfield, Md.	

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				2 years	
420.1 Immediate cause (a) Coronary infarction of myocardium, recurrent					
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO					
(c)					
11. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from Feb. 22, 1953, to Mar. 29, 1955, that I last saw the deceased alive on Mar. 28, 1955, and that death occurred at 5:00 a.m., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		DATE SIGNED	
Robert F. Lewis		M.D.		Mar. 29, 1955	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
burial		Mar. 31, 1955		Crisfield Cemetery	
LOCATION (City, town, or county) (State)		Crisfield, Md.			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
3/31/55		Betty W. Tyler		Bradshaw & Sons--531 Main St.--Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 4 1955

BUREAU V. S.

3054

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset MARYLAND				STATE Md. COUNTY Somerset			
CITY (If outside corporate limits, write RURAL OR and give nearest town) Pocomoke				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway RFD, Route 13				STREET ADDRESS Highway RFD, Route 13			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
JOHN (NMI) HAYDUCHOK				March 22, 1955			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Male		White		Married		Feb 14, 1919	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
36 yrs.		Months Days		Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney				10B. KIND OF BUSINESS OR INDUSTRY: Law		11. BIRTHPLACE (State or foreign country): Pennsylvania	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME: Michael Hayduchok				14. MOTHER'S MAIDEN NAME: Susan Fitz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give year or dates of service) Yes WWI				16. SOCIAL SECURITY NO. 211-24-8669		17. INFORMANT & ADDRESS: Cecilia Hayduchok, Pocomoke, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
151X IMMEDIATE CAUSE (A) Cancer of the Stomach						Approx. Mo.	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 13, 1954 , to Mar. 22, 1955 , that I last saw the deceased alive on Mar. 22, 1955 , and that death occurred at 3:50 a.m. M, from the causes and on the date stated above.							
SIGNATURE Charles W. Trader, M.D.		ADDRESS M.D. Pocomoke City Md.		DATE SIGNED Mar. 22, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3/24/55		NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery		LOCATION (City, town, or county) (State) Pocomoke, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/23/55		REGISTRAR'S SIGNATURE Mrs. Lucille Boyman		24. FUNERAL DIRECTOR Henry H. Watson		ADDRESS Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 28 1935

BUREAU

29

RECEIVED

03037

MARYLAND

STATE DEPARTMENT OF HEALTH

3055

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY SOMERSET		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY SOMERSET	
CITY (If outside corporate limits, write RURAL and give nearest town) DAMES QUARTER		CITY (If outside corporate limits, write RURAL and give nearest town) DAMES QUARTER	
HOSPITAL OR INSTITUTION OR STREET ADDRESS LIFE TIME		STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) KISIAH		4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 1955	
5. SEX FEMALE		6. COLOR OR RACE NEGRO	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH ?	
9. AGE last birthday 77 yrs.		10. BIRTHPLACE (State or foreign country) MD.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME ROBERT WILSON		14. MOTHER'S MAIDEN NAME SARAH ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS MINERVA ELZY-DAMES QUARTER, MD.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Chronic Myocarditis		
Immediate cause		6 years
(b) Chronic Bronchitis		5 years
Antecedent cause(s)		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 10, 1950 , to March 30, 1955 , that I last saw the deceased alive on March 30, 1955 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.					
SIGNATURE		ADDRESS		DATE SIGNED	
Eldon G. Martson		Princess Anne road		4-1-55	
23. BURIAL, CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		MACEDONIA		DAMES QUARTER, MD	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
4/1/55		R. S. Johnson, M.D.		William H. James Jr. Princess Anne, Md.	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

APR 4 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3056 Item 9, Filmgl79 3-22-55 et
 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03038
Reg. Dist.

No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Dames Quarter</u>	LENGTH OF STAY (in this place) <u>all life</u>	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Dames Quarter</u>	<u>X</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1</u>		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>George</u> (Middle) <u>T</u> (Last) <u>Jones</u>		(Month) <u>March</u> (Day) <u>12</u> (Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>March 22, 1884</u>
9. AGE last birthday: <u>70</u> yrs.		10. BIRTHPLACE (State of foreign country): <u>Dames Quarter Md</u>	
11. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>George W. Jones</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Jane Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		17. INFORMANT & ADDRESS: <u>Willie Jones - Dames Quarter</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
592X Immediate cause (a) <u>Acute coronary heart disease</u> DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) <u>Chronic nephritis</u> DUE TO (c) <u>Nephritic Toxemia</u>			<u>Several years</u>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>RH Johnson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input checked="" type="checkbox"/> <u>Mar. 15-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>3/16/55</u>	<u>Macedonia</u>	<u>Dames Quarter Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>3/15/55</u>	<u>R. S. Johnson, M.D.</u>	<u>William H. Johnson</u>	<u>Dames Quarter Md</u>

MAR 18 1955

RECEIVED
MAR 18 1955

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03039

3057

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Md</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Princess Anne</u>	LENGTH OF STAY (If this place) <u>Life</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Princess Anne</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) <u>Lusie</u> (Middle) <u>M.</u> (Last) <u>Larmon</u>		<u>Mar. 10 1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>Jan 2 1867</u>
9. AGE last birthday <u>88</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or (retired): <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u></u>	
11. BIRTHPLACE (State or foreign country): <u>Md</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.</u>	
13. FATHER'S NAME: <u>William Jones</u>		14. MOTHER'S MAIDEN NAME: <u>Sally Ann Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT & ADDRESS: <u>Miss Eddie Larmon Princess Anne</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <u>450.0 Congestive heart failure</u>			<u>24 hrs</u>
ANTECEDENT CAUSE (S) <u>arteriosclerosis</u>			<u>? year</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u></u>			
(C) <u></u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Inanition-dehydration</u>			<u>2 years</u>
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>53</u> to <u>2-22</u> , 19 <u>55</u> that I last saw the deceased alive on <u>2-22</u> 19 <u>55</u> and that death occurred at <u>3:30P</u> M, from the causes and on the date stated above.			
SIGNATURE <u>Geo M. Blum</u>		ADDRESS <u>Princename Md</u>	
DATE SIGNED <u>3-14-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>burial</u>		DATE THEREOF <u>Mar 12 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>John Wesley Cemetery</u>		LOCATION (City, town, or county) (State) <u>Net Vernon Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3/15/55</u>		REGISTRAR'S SIGNATURE <u>R. J. Johnson, M.D.</u>	
24. FUNERAL DIRECTOR <u>James Newman</u>		ADDRESS <u>Princess Anne Md.</u>	

RECEIVED

MAR 16 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1813040

3058 CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 8, Film 179 3-23-55 et

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Ind.</u>	COUNTY <u>Som.</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Princeton Anne</u>	LENGTH OF STAY (in this place) <u>2 months</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ind Vernon</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED: (First) <u>Myrtie</u> (Middle) <u>L</u> (Last) <u>Murray</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>Mar.</u> <u>15</u> <u>1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Nov 15 1891</u> AGE last birthday <u>64</u> yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
13. FATHER'S NAME: <u>John W. Gustin</u>		14. MOTHER'S MAIDEN NAME: <u>Ella Scott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <u>Roy Alder Princeton Anne Ind.</u>	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>myocardial infarct</u>			<u>1/2 hr.</u>
ANTECEDENT CAUSE (B) <u>arteriosclerosis</u>			<u>3 years</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hypertension</u>			<u>? years</u>
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-17-1954</u> to <u>2-28-1955</u> , that I last saw the deceased alive on <u>2-28-1955</u> , and that death occurred at <u>9:30 P</u> M, from the causes and on the date stated above.			
SIGNATURE <u>Les M. Plumm</u>		M.D. <u>Princeton Anne Ind</u> DATE SIGNED <u>3-16-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3/17/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		LOCATION (City, town, or county) (State) <u>Ind Vernon Ind.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3/18/55</u>		REGISTRAR'S SIGNATURE <u>M.D. James Newman</u>	
		24. FUNERAL DIRECTOR ADDRESS <u>Princeton Anne Ind.</u>	

BUREAU V. S.

MAR 21 1955

RECEIVED

3049

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset				STATE Maryland COUNTY Somerset			
CITY (If outside corporate limits, write RURAL OR and give nearest town) 39 Crisfield				CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Lawsonia Section				STREET ADDRESS (If rural give location) Lawsonia Section			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
CHESTER ROBERT NELSON				March 13 19 55			
5. SEX: male		5. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married		8. DATE OF BIRTH: Aug. 12, 1908	
				9. AGE last birthday: 46 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: contractor				10b. KIND OF BUSINESS OR INDUSTRY: Building		11. BIRTHPLACE (State or foreign country): Crisfield, Md.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME: Alonzo W. Nelson				14. MOTHER'S MAIDEN NAME: Maggie B. Sterling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes				16. SOCIAL SECURITY No.: WW II		17. INFORMANT & ADDRESS: Alonzo W. Nelson—Lawsonia—Crisfield, Md.	

18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause (a) Coronary Disease			
Antecedent causes (s) (b) Arterio Sclerosis			
DUE TO (c) None Known			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 1		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify) No		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY: Died Sudden		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?		19. to 19. that I last saw the deceased	
22. I hereby certify that I attended the deceased from 19. to 19. that I last saw the deceased			
Signature: W. H. Coulbourn, M.D. Date: 3/14-1955			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Mar. 15, 1955	
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/15/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR		ADDRESS Bradshaw & Sons Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 17 1955

RECEIVED

3050

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>39 Crisfield</u>		LENGTH OF STAY (in this place) <u>1 day</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>39 Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>Collins St</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Thomas Jerome Peyton</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>March 28 1955</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>col. w</u>	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify): <u>S</u>	8. DATE OF BIRTH: <u>March 27, 1955</u>	9. AGE last birthday yrs. <u>1</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>1</u>	Hours <u></u> Min. <u></u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>none</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Aaron James Peyton</u>				14. MOTHER'S MAIDEN NAME: <u>Rosa May Waters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>no</u> (If Yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS: <u>Rosa Waters Peyton</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>7625 Atelectasis</u>						1 day	
ANTECEDENT CAUSE (B) <u>Pneumonia</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 28, 1955</u> to <u>Mar 28, 1955</u> , that I last saw the deceased alive on <u>Mar 28, 1955</u> , and that death occurred at <u>5P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>David M. Peyton</u>				ADDRESS <u>Crisfield, md</u>		DATE SIGNED <u>March 28, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3-29-55</u>		NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>		LOCATION (City, town, or county) (State) <u>Fairmont, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3-29-55</u>		REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>		24. FUNERAL DIRECTOR <u>Aaron James Peyton</u>		ADDRESS <u>Crisfield md</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 4 1955

RECEIVED

3059

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield		lifetime		TOWN Crisfield		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Mariners Section				STREET ADDRESS (If rural give location) R.F.D. Mariners Section			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
CHARLES FLEMING PRUITT				March 6 1955			
5. SEX: male		6. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed		8. DATE OF BIRTH: March 30, 1868	
				9. AGE last birthday: 86 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: carpenter				10b. KIND OF BUSINESS OR INDUSTRY: self-employed		11. BIRTHPLACE (State or foreign country): Crisfield, Md.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME: John Pruitt				14. MOTHER'S MAIDEN NAME: Elizabeth Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no				16. SOCIAL SECURITY No.: none		17. INFORMANT & ADDRESS: R.F.D. Mariners Section Mrs. Geneva Cox-- Crisfield, Md.	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 Immediate cause (a) Arteriosclerotic Heart Disease		2 wks	
Antecedent causes (s) (b) Pulmonary Fibrosis		12 wks	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)			

11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 23, 1955, to March 6, 1955, that I last saw the deceased alive on Mar. 4, 1955, and that death occurred at 11:15 a.m., from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
Saul M. Peyton M.D.		3/2/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	
burial		Mar. 8, 1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Private Family Cemetery		Crisfield R.F.D., Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
3/8/55		Betty W. Tyler	
24. FUNERAL DIRECTOR		ADDRESS	
Bradshaw & Sons--Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 10 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield LENGTH OF STAY (in this place) 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Mariners Section

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) 1 Mariners Section

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

DANIEL

EDWARD

SHEHEE

4. DATE OF DEATH:

(Month)

(Day)

(Year)

March 10

19 55

5. SEX:

male

6. COLOR OR RACE:

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

widowed

8. DATE OF BIRTH:

July 9, 1872

9. AGE last birthday:

82 yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)

foreman

10b. KIND OF BUSINESS OR INDUSTRY:

Seafood Packing

11. BIRTHPLACE (State or foreign country):

near Cambridge, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

John H. Shehee

14. MOTHER'S MAIDEN NAME:

Priscilla Travis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Mariners Section

Mrs. William M. Diggs, - Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause

(a)

Uremia

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

Chronic Nephritis

DUE TO

(c)

Generalized Arteriosclerosis

Senility

Interval Between Onset And Death

2 days

few years

few years

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED

While at Work ☐Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from Feb. 13, 1955, to Mar. 10, 1955, that I last saw the deceased

alive on Mar. 10, 1955, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

A. N. Ban, M.D.

Crisfield, Md.

March 12, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)

burial

DATE THEREOF

March 12, 1955

NAME OF CEMETERY OR CREMATORY

Crisfield Cemetery

LOCATION (City, town, or county)

Crisfield, Md.

(State)

DATE REC'D BY LOCAL REGISTRAR

3/15/55

REGISTRAR'S SIGNATURE

Betty W. Tyler

24. FUNERAL DIRECTOR

ADDRESS

Bradshaw & Sons-531 Main St-Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 17 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

03045

3060

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Som.</i>		MARYLAND		STATE <i>md</i>		COUNTY <i>Som.</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <i>Pr Anne Rt # 3</i>		<i>30 min.</i>		TOWN <i>Pr Anne Rt # 3</i> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<i>Box 41</i>		STREET ADDRESS (If rural give location) <i>Rural</i>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <i>Wayman</i> (Middle) (Last) <i>Spence</i>				(Month) (Day) (Year) <i>3 29 1955</i>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<i>M</i>	<i>col</i>	<i>Single</i>	<i>3-29-55</i>	yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
				<i>Infant</i>		<i>md.</i>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<i>Warren Spence</i>				<i>Madeline Holbrook</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
				<i>none</i>		<i>Madeline Spence - Rt. 3 - Pr. Anne, Md.</i>	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <i>762.5</i>							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) <i>atelectasis</i>							
DUE TO							
(B) <i>Pneumonia</i>							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>after death</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>12-5-55</i> , 19 <i>55</i> , and that death occurred at <i>12-5-55</i> M, from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
<i>R. H. Johnson M.D.</i>		<i>M. D. R. H. Johnson</i>		<i>April 5-1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>3/30/55</i>		<i>Family Cem. in Venton</i>		<i>Rt. 3 - Pr. Anne, Somerset</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>3/30/55</i>		<i>R. H. Johnson, M.D.</i>		<i>Warren Spence</i>		<i>- Rt. 3 - Pr. Anne, Md.</i>	
<i>4135308250</i>							

BUREAU V. S.

APR 6 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03046
3061 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield (Rural)	LENGTH OF STAY (in this place) 93 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Section		STREET ADDRESS (If rural give location) Asbury Section	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) Albert	(Middle) Wesley	(Last) Sterling	(Month) March 16, 19 55
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower		8. DATE OF BIRTH: April 3, 1861	
9. AGE last birthday: 93 yrs.		10. MONTHS 11, DAYS 14, HOURS, MIN.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Meat cutter		10b. KIND OF BUSINESS OR INDUSTRY: Webb Packing Co.	
11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Nelson Sterling		14. MOTHER'S MAIDEN NAME: Harriett B. Lawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None	
17. INFORMANT & ADDRESS: Miss. Mary Sterling, Crisfield, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
332X Immediate cause (a) Cerebral thrombosis with hemiplegia 2 wks. DUE TO			
Antecedent causes (s) (b) left side DUE TO			
(c) Senile arterio-sclerosis years.			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1952, to 3-16, 1955, that I last saw the deceased alive on 3-16, 1955, and that death occurred at 10:30 PM; from the causes and on the date stated above.			
SIGNATURE C. Hawley M.D.		ADDRESS Crisfield, Md.	
DATE SIGNED			
23. BURIAL, CREMATION, (Specify) Burial		DATE THEREOF March 20, 1955	
NAME OF CEMETERY OR CREMATORY Asbury emetery		LOCATION (City, town, or county) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/19/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR		ADDRESS Durward Q. Covington, Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 21 1955

RECEIVED

3062

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital				STREET ADDRESS (If rural give location)		1	
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) Katie		(Middle) Sue		(Last) Tawes		DATE OF DEATH: March 14, 1955	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant		8. DATE OF BIRTH: March 14, 1955	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Elwath Webb Hall Tawes				14. MOTHER'S MAIDEN NAME: Catherine Scott Alason			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Elwath W.H. Tawes, Crisfield, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
774X Immediate cause (a) premature separation of placenta						10 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR? 11 hours			
22. I hereby certify that I attended the deceased from 19 to Mar. 14, 1955, that I last saw the deceased alive on Mar. 14, 1955, and that death occurred at 10:25 P.M., from the causes and on the date stated above.							
SIGNATURE George C. Lovell M.D.		(Degree or title)		ADDRESS Marion Sta. Rd.		DATE SIGNED 3-15-55	
23. BURIAL, CREMATION, (Specify) Burial		DATE THEREOF March 15, 1955		NAME OF CEMETERY OR CREMATORY Crisfield		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 3-15-55		REGISTRAR'S SIGNATURE Nellie D. Payne		24. FUNERAL DIRECTOR Durward G. Covington, Crisfield, Md.		ADDRESS	

2035293291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 21 1955

RECEIVED